



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 02/28/05.

Marianne Boland
Marianne Boland

In Re Application of:

Hassell, et al.

Serial No.: **09/650,867**

Filed: **August 30, 2000**

Confirmation No.: **2151**

Group Art Unit: **2137**

Examiner: **Schubert, Kevin R.**

TKHR Docket No. **061607-1390**

For: **SYSTEM AND METHOD FOR A TROUBLESHOOTING
PORTAL TO ALLOW TEMPORARY MANAGEMENT
ACCESS TO A COMMUNICATION DEVICE**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Response to First Office Action
5 Pages of Formal Drawings (FIGs. 1, 2, 4, 5 and 7)

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Hassell, et al.

Docket No.

061607-1390

Serial No.
09/650,867Filing Date
August 30, 2000Examiner
Schubert, Kevin R.Confirmation No.
2151Group Art Unit
2137

Invention: System And Method For A Troubleshooting Portal To Allow Temporary Management Access To A Communication Device

Commissioner for Patents
 Mail Stop Amendment
 P.O. Box 1450
 Alexandria VA 22313-1450

Transmitted herewith is a Response to First Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	61 -	61 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0

- No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____.
 A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.

Raymond W. Armentrout; Reg. No. 45,866

February 28, 2005

Date